

GILA COUNTY DIVISION of HEALTH and EMERGENCY **MANAGEMENT**

5515 South Apache Ave., Suite 100, Globe, AZ 85501 PHONE: (928) 402-8811 FAX: (928) 425-0794

Prevent. Promote. Protect.

Male Female	FIRST Name	Middle LAST Name	Age	Date Month	of Birth Day	Year
Please answer the questions below by checking "YES" or "NO" in the box on the left: FES NO	Mailing Addr	ess:	☐ Male	□Fem	nale	
Do you have an allergy to eggs that causes a dangerous reaction? Are you ill and have a fever today? Have you had a serious reaction to a previous flu shot? Have you had Guillain-Barre Syndrome? (a paralytic illness) √(check) all that apply: Uninsured Native American AHCCCS* Have Private Health Insurance* Medicare B *PRIMARY Health Plan Name Member Name Member Name Member ID Subscriber's SSN *SECONDARY Health Plan Name Member Name Member Name Member ID Subscriber's SSN *SECONDARY Health Plan Name Member ID Subscriber's SSN Member Name Member ID Subscriber's SSN *SECONDARY Health Plan Name Member ID Subscriber's SSN *SUBSCRIBER ID SUBSCRIBER ID SUBSCRIBER ID Subscriber's SSN *SUBSCRIBER ID SUBSCRIBER I	City:	Zip	Telephone	Number:		
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Name	Date of Birth			
INSURANCE / PAID	<u>MEDICARE</u>	<u>VF/</u>	<u>A</u>	
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